

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number <b>09/484667</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.	
1											
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47											
48											
49											
50											
Total											
Indep	12										
Total Depend	38										
Total Claims	50										

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52

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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94						
95						
96						
97						
98						
99						
100						
Total						
Indep	2					
Total Depend	2					
Total Claims	2					